

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION



Zoning Division
Office of Zoning Administrator

NOTICE OF CANCELLATION OF HOME OCCUPATION PERMIT

By signature below, I herewith cancel my **Home Occupation Permit** # _____
date _____ and located at _____
doing business as: _____

I understand that I must surrender said Home Occupation Permit to the Office of the Zoning Administrator at 941 North Capitol Street, N.W., Suite 2100 and cancel my Home Occupation Permit Account at the District of Columbia Department of Finance and Treasury, 441 4th Street, N.W., Room 500S. I further understand that I remain responsible for any taxes currently due.

After cancellation of this Permit, I understand that I must complete a new Application if at some future date I desire to operate a home based business.

Signature of Permit Holder and date

Zoning Administrator or designee

Printed Name of Permit Holder

Date

Please Note: In case of a partnership or corporation, a statement signed by partner or all corporate officers must accompany this request. The name and address on the Home Occupation Permit must be the same as the filer of this request for cancellation. The responsibility for notifying the DC Department of Finance and Treasury rests with the permit holder.